



## Talbot County Emergency Medical Services Incident Report

Check one of the following:

☐ **Communications**      ☐ **Drug**      ☐ **Protocol**      ☐ **Other**

An incident report is any unusual occurrence. The employee involved in the incident or the person who has the most direct information concerning submits this report. It is essential that all incidents be reported promptly.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ EMAIS #: \_\_\_\_\_

Incident Report Requested By (if applicable): \_\_\_\_\_

**Description of Incident:** State what happened: where, when. Include any other pertinent information

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Witness(es), if any: \_\_\_\_\_ Reported To: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature and position of person preparing this report \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only Below

Comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_